

SOUTHWORTH PLANETARIUM MEMBERSHIP APPLICATION
University of Southern Maine

Name _____

Address _____

Daytime Phone _____ Evening Phone _____

Please check the type of membership you desire:

Individual \$25

Family \$25 + \$5 x _____ people = \$_____

If this is a family membership level or higher, please list the names of the family members included in the membership: _____

Form of payment: Check Cash Visa MasterCard Discover Other _____

Amount of payment: \$_____ (Credit Card Use Only): Account #: _____

Expiration date: _____

Signature: _____ Date: _____



Mail application to:
Southworth Planetarium,
University of Southern Maine
P.O. Box 9300
Portland, Maine, 04104-9300

Or Fax to: (207) 780-4051
Have questions? Please call (207) 780-4249